



# Special Projects Request for Light for the Lost Assistance

## Part I: Applicant Data

Ministry: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Part II: Projected Use of Funds

| <i>Quantity</i>            | Description of Resources | Amount | Date Needed By |
|----------------------------|--------------------------|--------|----------------|
|                            |                          |        |                |
|                            |                          |        |                |
|                            |                          |        |                |
|                            |                          |        |                |
|                            |                          |        |                |
|                            |                          |        |                |
| Grand Total of Application |                          |        |                |

## Part III: District Appeals

Home District: \_\_\_\_\_  
 Possible Partnering Districts: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Part IV Approval:

District Men's Director or LFTL Coordinator \_\_\_\_\_ Date: \_\_\_\_\_  
 District Missions Director or Superintendent \_\_\_\_\_ Date: \_\_\_\_\_  
 LFTL Special Projects Steering Committee \_\_\_\_\_ Date: \_\_\_\_\_

## Part V: District Pledges

District: \_\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 District: \_\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 District: \_\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 District: \_\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Please send completed form to:  
 Light For The Lost  
 1445 N Boonville Ave. Springfield, MO 65802-1894  
 Iftl.ag.org  
 417-862-2781 / 417-832-0574 (fax)